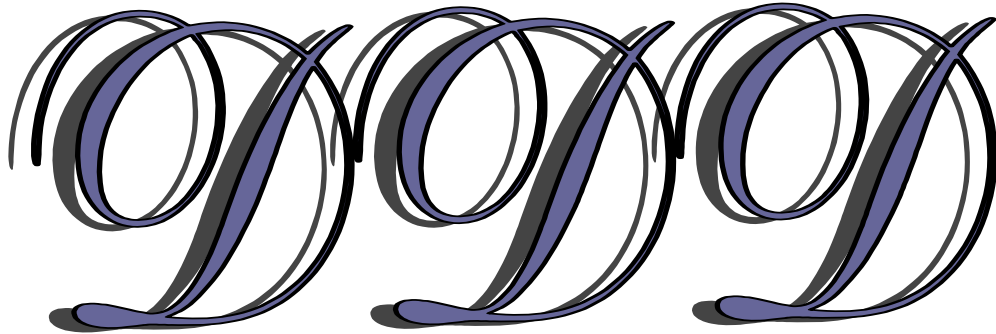


WYOMING DEPARTMENT of HEALTH Developmental Disabilities Division



Annual Performance Report
February 2, 2009
Revised April 7, 2009

Part C State Annual Performance Report (APR) for FFY 2007

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Part C State Annual Performance Report (APR) for FFY 2007**Overview of the Annual Performance Report Development:**

The FFY 2007 Part C Annual Performance Report (APR) was developed by the Early Intervention and Education Program (EIEP) in the Developmental Disabilities Division (DDD) of the Wyoming Department of Health (WDH), in collaboration with the Early Intervention Council (EIC), the state's Interagency Coordinating Council (ICC), and local Child Development Center (CDC) Infants and Toddlers Programs.

In preparation for submission of the February 2009 APR, the WDH staff collected and analyzed data on Monitoring Priority Indicators #1, 2, 5, 6, 7, 8, 9, 10, 11, 13, and 14 for FFY 2007 (July 1, 2007-June 30, 2008) from the statewide Part C database, WDH program reports, corrective action plans, on site monitoring activities, and State-level complaint investigations.

Stakeholder Input

The general supervision system for the WDH consists of multiple components. WDH works closely with stakeholders in the development of Part C rules and regulations as well as policies to enforce those rules and regulations. The EIC is charged with advising and assisting WDH in its development and implementation of Early Intervention Services throughout the state. The council consists of representatives from the following groups: parents, local parent advocacy organizations, the University of Wyoming, local providers, state legislators, public health and other state representatives. The Wyoming Child Development Services (CDS) serve as an additional stakeholder group with all regional CDCs represented. These two stakeholder groups provide input and recommendations into state rules and regulations, information identified and reported in the Annual Performance Report and the Indicators reported in the State Performance Plan.

A meeting was held on January 22, 2009 with participants from the Wyoming Early Intervention Council. Input and recommendations were provided on the draft State Performance Plan and Annual Performance Report, which were distributed for review prior to the meeting.

Data Collection and Verification

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Data for Indicator #4 was collected through National Center for Special Education Accountability Monitoring (NCSEAM) Early Intervention surveys sent to all families active in local Infants and Toddlers Programs as of March 30, 2008, and was aggregated for reporting by a contractor with expertise in the development of the NCSEAM survey and the analysis of its results.

Indicator #3 in the State Performance Plan (SPP) has been updated to include initial progress data for children who began receiving early intervention services since December 2005, received services for at least six months and exited the program by June 30, 2008. Evaluation and assessment data was collected from the Part C database, aggregated and reported by the database developer based on specifications consistent with OSEP reporting requirements.

New or revised improvement activities have been included in the FFY 2007 APR, and will be added to the SPP that is posted on WDH's website after submission of the APR.

Part C State Annual Performance Report (APR) for FFY 2007Onsite Monitoring

On site monitoring occurs for each of the fourteen regions as issues are identified within a region. The monitoring protocol includes focus groups with Part C parents, the local Inter-Agency Coordinating Council, and Part C staff. The focus groups include questions around:

- O Natural Environments;
- O Timeliness of services;
- O Transition services;
- O Child Find;
- O Parent notification;
- O Input into the IFSP process; and
- O Parent complaint process

The monitoring protocol also includes an extensive review of files using file review forms developed by National Early Childhood Technical Assistance Center (NECTAC). During the on site monitoring, at least 20% of the Part C files are reviewed using these forms. Prior to on site monitoring visits, 100% of files are reviewed electronically to identify potential areas of non-compliance and/or distinguished work. Also results of parent surveys which were distributed to all families enrolled in that region are reviewed by WDH staff.

Public Reporting

WDH reports information to the State's Interagency Coordinating Council and posts public announcements as needed for availability of information and the process to request copies.

WDH will post the state performance plan and the annual performance report on the WDH website: (<http://www.health.wyo.gov/ddd>) , after the "time of revision" period from OSEP.

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Monitoring Priority: Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention (EI) services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2005-2011	100% (cannot be less than 100%) for infants and toddlers with IFSPs who receive early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2007: 99% (165 divided by 167)

The State definition for “timely” is “**All Early Intervention services must be initiated within 30 days from when the parent provides consent for IFSP service.**”

For the submission of the APR FFY 2007, data was collected for this indicator by requesting all fourteen (14) regions to review 10% of their Part C files or ten (10) files whichever number was greater. WDH requested that they look at the date of the parent consent for services and when the service was actually provided. On the assessment tool, respondents were asked to answer if the services were delivered within thirty days of the parent approval and to indicate the reasons for delay. The CDC staff verified family-related reasons or IFSP team decision making for the legitimate initiation of services outside the 30-day timeline and the report was modified based on local review and the CDC validation. The options that were listed for delay on the self assessment tool included:

- Due to family circumstances
- Due to CDC
- Due to provider
- Other

All fourteen (14) regional Child Development Centers (CDC) reviewed a total of 167 files. Of the files reviewed, 158 files showed children received services within thirty (30) days. An additional seven (7) files showed delays due to family circumstances [(158 + 7) / 167= 99%]. Only 2 files (1%) showed delays due to provider illness. It is noted that even though services were delayed the services for these two were delivered within sixty (60) days.

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Response to June 2008 OSEP Response Table: Correction of Noncompliance through State Monitoring and Technical Assistance Activities:

Wyoming was required to provide information about the correction of noncompliance identified in FFY 2006 for Indicator 1 in the FFY 2007 APR. Although Indicator 1 was from July 1, 2006 through June 30, 2007, WDH did not issue the notification of findings of noncompliance until November 2007. As a result, correction of findings will be reported in the FFY 2008 APR.

In addition to using the WDH data base to report performance for Indicator 1, WDH also conducted cyclical onsite monitoring of four (4) regions in FFY 2006. Findings were identified and correction of these findings is reported as follows:

Of the four (4) CDCs that were monitored through onsite monitoring during FFY 2006, one CDC was issued a finding of noncompliance related to timely services. The following table demonstrates that this finding, although not timely corrected, was subsequently corrected within 15 months as a result of the following follow-up activities:

- Provision of on site TA for correct practice.
- Revision to policy to ensure regardless of personnel availability services is received in a timely manner.

Indicator 1: Identification and Correction of Noncompliance Related to Timely Services						
YEAR NONCOMPLIANCE IDENTIFIED	Total Findings of Noncompliance Related to Timely Services	Number of Findings for which Correction was Verified within One Year	Percent Findings Corrected and Verified Within One Year (C/B X 100 = D)	Number of Findings for which Correction was Subsequently Verified	Total Findings Corrected As of 1/15/09 (C + E = F)	Percent Findings Corrected As of 1/15/09 (F/B X 100 = G)
2006 – 2007 July 1, 2006 to June 30, 2007	1	0	0%	1 (6/17/08)	1	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

The data from FFY 2006 APR showed a compliance rate of 98%. The data for FFY 2007 APR showed an increase in the compliance rate by 1% to 99%. This progress in the provision of timely services is related to:

- Technical assistance related to IFSP decision making, including determining appropriate services to meet the needs of children and families was provided to all CDC's at a statewide meeting in August of 2007.

Improvement Activity 2:

WDH requested quarterly record reviews of the CDCs to assess timeliness of services throughout the year. WDH validated the corrective action plans to ensure compliance was made by January 2007 for the CDCs below the target of 100% compliance.

Completed

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Improvement Activity 4:

WDH completed a three-year cycle of monitoring reviews of all regions to validate data received in self-assessments and data submissions.

Completed

Improvement Activity 6:

Technical Assistance and training will be provided as needed to any CDC identified as out of compliance with the State's definition of timely early intervention services.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

NA

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Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 2: Percent of Infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2005-2011	95%

Actual Target Data for FFY 2007: 99% (955 divided by 960)

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2007 child count. In order to determine the percent of children receiving services in their natural environment (NE), WDH added together the number of children served in the home and in programs for typically developing peers divided by the total child count. Justifications for families not receiving services in their natural environment are documented in the database and were pulled from the December 2007 count to be analyzed.

Five (5) files indicated that infants and toddlers and their families were receiving services in other settings. The justifications for these files were pulled from the database to be analyzed. After reviewing and verifying the justifications, these five (5) were determined to be acceptable for settings other than the natural environment. The justifications reflect individual determination of setting based upon needs of each child and family.

The Wyoming Department of Health (WDH) monitored each CDC to ensure that IFSP teams make individualized decisions regarding the settings in which infants and toddlers receive early intervention services, in accordance with Part C natural environment requirements. Any services that were not placed in the natural environment but were still considered appropriate will be discussed and reconsidered by the IFSP team at the reviews of the IFSP on an ongoing basis.

Wyoming has exceeded the measureable and rigorous target of 95%.

Correction of Previously Identified Noncompliance

Noncompliance that was identified in FFY 2006 through the onsite monitoring for absence of justifications on the IFSP for services not provided in NE was corrected in a subsequently timely manner of fifteen (15) months. The following activities were implemented by WDH to ensure that the noncompliance was corrected although not timely:

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- Provision of on site TA for correct practice.
- Revision to policy to ensure services is received in the natural environment, if not, adequate and complete documentation must reflect the determination process.

Indicator 2 - Identification and Correction of Noncompliance Related to Natural Environment Justifications						
A	B	C	D	E	F	G
YEAR NONCOMPLIANCE IDENTIFIED	Total Findings of Noncompliance Related to 45 Day Timeline	Number of Findings for which Correction was Verified within One Year	Percent Findings Corrected and Verified Within One Year (C/B X 100 = D)	Number of Findings for which Correction was Subsequently Verified	Total Findings Corrected As of 1/15/09 (C + E = F)	Percent Findings Corrected As of 1/15/09 (F/B X 100 = G)
2006 - 2007	1	0	0%	1	1	100%

In addition, there were two (2) CDCs notified as being out of compliance based on review of 618 data from the WDH database in preparing the FFY 2006 APR for Indicator 2. Indicator 2 data was for service settings for children receiving services on December 1, 2007. WDH did not issue its notification of findings of noncompliance until FFY 2007 (March 11, 2008). As a result, correction of findings will be reported in the FFY 2008 APR.

These CDCs were required to write a Corrective Action Plan (CAP). In this CAP the two (2) CDCs were required to meet with the families whose IFSP settings were not adequately justified and address the issue again with the IFSP team for the most appropriate settings to achieve the IFSP outcomes.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

In FFY 2006 the rate of compliance for the indicator was 97.6%. In FFY 2007 the compliance rate increased by 1.4% to 99% due to TA to the regional CDCs identified.

New fields related to this indicator were added to the Part C data base in the FFY 2007 to report on the percent of infants and toddlers who receive early intervention services primarily in NE. For IFSP services that were provided in *other* settings, the WDH reviewed a report of all services that were not provided in natural environments to determine the presence of justifications on IFSPs. If justifications were missing in the database for services not provided in NE, CDCs were required to review the early intervention record and enter justification as they appeared on the IFSP. Requiring the CDCs to conduct this ongoing monitoring of settings statewide has improved the percentage of services provided in the natural environment from 97.6% in FFY 2006 APR to 99% in FFY 2007 APR.

Improvement Activity 1:

Training on the importance of using the natural setting for services occurred as indicated in the State Performance Plan at the August 2007 Conference.

Completed

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Improvement Activity 2:

Training occurred on the importance of services being provided in the natural settings for the IFSP outcomes in April 2008 with NECTAC and various staff members of the fourteen regional CDCs.

Completed

Improvement Activity 3:

WDH will submit an update of the corrective actions in the February 2007 APR.

Completed

Improvement Activity 4:

Training related to the definitions of a natural environment, definitions of program settings that are identified in the WDH database and the benefits of providing services in the natural environment will be available to all regions.

Ongoing

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Monitoring Priority: Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication);
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a) (3) (A) and 1442)

Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to function comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If $a + b + c + d + e$ does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to function comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

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same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to function comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped

the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a) (3) (A) and 1442)

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

<i>FFY</i>	<i>A. Know their rights</i>	<i>Measurable and Rigorous Target</i>	
		<i>B. Effectively communicate their child's needs</i>	<i>C. Help their child develop and learn</i>
<i>2007 (2007-2008)</i>	93.75%	93.75%	93.35%

Actual Baseline Data for July 1, 2007– June 30, 2008

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	A. Know their rights	B. Effectively communicate their child's needs	C. Help their child develop and learn
Number of Parents who received a score for a given area	311	311	311
Number of families who said early intervention services helped them	299	298	299
Percent of families who said early intervention services helped them	$299/311 = 96.1\%$	$299/311 = 95.8\%$	$299/311 = 96.1\%$

Display 4-1: Percent of families who state that Early Intervention services have helped them

The target for A. was met.

The target for B. was met.

The target for C. was met.

The purpose of the family outcome survey is to assist the WDH in determining how early intervention services have helped the family: (A) know their rights; (B) effectively communicate their children's needs; and (C) help their children develop and learn. The survey data will assist the WDH in tailoring early intervention services and will result in positive outcomes for families as well as improved outcomes for children.

During FFY 2007, nine hundred and sixty (960) children were enrolled in the Part C program; thus, the estimated response rate is 32.4% (311/960). However, not all of these children were enrolled in the program for at least six months, so the response rate represents a conservative estimate of the actual response rate.

To arrive at the percent of parents who report that early intervention services have helped them achieve each of the three areas, a "percent of maximum" scoring procedure was used. A "percent of maximum" score based on two items for area A, six items for area B, and four items for area C was calculated. Each survey respondent received a percent of maximum score for each of these three areas. A respondent who rated early intervention services a "6" (Very Strongly Agree) on each item for a given target area received a 100% score for that target area; a respondent who rated early intervention services a "1" (Very Strongly Disagree) on each item for a given target area received a 0% score. A respondent who rated early intervention services a "4" (Agree) on each item for a given target area received a 60% score for that target area. (Note: a respondent who **on average** rated their experiences a "4", e.g., a respondent who rated 8 items a "4," 9 items a "3" and 9 items a "5," would also receive a percent of maximum score of 60 %.) A parent who has a percent of maximum score of 60% or above was identified as one who met each of the three target areas. A 60% cut-score represents a family who is slightly more positive than "agree," i.e., the family has to have "strongly agreed" with at least one other item. The items used to arrive at a score for each area are listed in Display 4-2.

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Display 4-2: Items Used to Calculate a Score for Each Area

A. Know their rights

Over the past year, Early Intervention services have helped me and/or my family:

- 13. Understand how the Early Intervention system works.
- 19. Know about my child's and family's right concerning Early Intervention services.

B. Effectively communicate their children's needs

Over the past year, Early Intervention services have helped me and/or my family:

- 2. Know about services in the community
- 6. Get the services that my child and family need
- 12. Feel that I can get the services and supports that my child and family need
- 14. Be able to evaluate how much progress my child is making
- 17. Communicate more effectively with the people who work with my child and family
- 21. Understand my child's special needs

C. Help their children develop and learn

Over the past year, Early Intervention services have helped me and/or my family:

- 4. Know where to go for support to meet my child's needs.
- 7. Feel more confident in my skills as a parent.
- 9. Make changes in family routines that will benefit my child with special needs.
- 20. Do things with and for my child that are good for my child's development.

Reliability and Validity

The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of children in the Part C system in Wyoming. This comparison indicates the results are representative by geographic region where the child receives services and, parents from each region responded to the survey. In addition, results are representative by race/ethnicity. For example, 87% of the parents who returned a survey indicated that their children are white, and 82% of Part C children are white; 6% of parents who returned a survey indicated that their children are Hispanic and 9% of Part C children are Hispanic. Furthermore, 50% of the parents who returned a survey indicated that their child received speech/language services, and 50% of Part C children are receiving these services.

Explanation of progress or slippage that occurred for FFY 2007:

As indicated in Display 4-3, scores increased for all areas.

Possible reasons for the increase are . . .

Stakeholders developed targets for this indicator and means for improvement were discussed and implemented so that the CDCs can increase the rate of return for parent surveys i.e.; introducing the survey at the initial IFSP, providing an envelope to the parents for return to the CDC to protect confidentiality and putting the survey on the WDH website (<http://www.health.wyo.gov/ddd>) for parents to access.

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Display 4-3: Percent of families who state that the Early Intervention Program has helped them.

Results over Time

	A. Know their rights			B. Effectively communicate their child's needs			C. Help their child develop and learn		
	FFY2005	FFY2006	FFY2007	FFY2005	FFY2006	FFY2007	FFY2005	FFY2006	FFY2007
Number of families who received a score for a given area	230	348	311	230	349	311	230	349	311
Number of families who said early intervention services helped them	215	335	299	215	333	298	214	333	299
Percent of families who said early intervention services helped them	93.48%	96.26%	96.1%	93.48%	95.42%	95.8%	93.04%	95.42%	96.1%

Discussion of Improvement Activities Completed for FFY 2007:Improvement Activity 2:

Evaluate how the process is working and determine any obstacles that regions are facing in administering the survey to families.

OngoingImprovement Activity 3:

Report on data collected from January 15, 2006 to June 30, 2006. Data will be reported to the public and local regions. From the data collected, stakeholders will develop targets and discuss means for improvement. Data and targets will be reported in the 2007 SPP.

CompletedImprovement Activity 4:

Report FFY data on NCSEAM survey results in all future APRs and report to the public (State ICC by October 31 of each year).

Ongoing**Complete Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007**

NA

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Monitoring Priority: Effective General Supervision Part C/ Child Find

Indicator 5: Percent of infant and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National Data

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate, broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2007	2.1%

Actual Target Data for FFY 2007: 1.7% (128 divided by 7,399)

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2007 child count. This number was divided by the population of infants and toddlers birth to one. This total population number was taken from the National Census Data (2007).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

In FFY 2006, the percentage of eligible children birth to one (1) years of age was 1.8% (122 divided by 6,797). During FFY 2007, the percentage of eligible children was 1.7% (128 divided by 7,399). This was a slippage of 0.1%. This slight difference is not statistically significant and reflects an increase of six (6) children while the increase within this age group for the state was 602. Wyoming continues to be above the National average of 1.06%, and also, to be above the average for states with similar eligibility as Wyoming (Broad) of **1.19%**. The Wyoming Department of Health (WDH) will continue to monitor child find and evaluation activities for their effectiveness. The child development centers will continue to explore ways to meet their target of 2.1%. The WDH will initiate a focus monitoring of child find activities for the state in this age range during FFY 2008.

Referral Sources:

In FFY 2007, the total amount of referrals for the birth to one age range to Part C programs throughout the year increased from 395 infants and toddlers in FFY 2006 to 483 in FFY 2007. Referrals from parents

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accounted for 34.58% (167 divided by 483.) The next highest percentage of referrals came from physicians with 25.47% (123 divided by 483).

Referral Source Trend Data for Infants and Toddlers Birth to One			
	FFY 2005	FFY 2006	FFY 2007
Physicians	20.4%	21.8%	25.47%
Parents	29.1%	33.2%	34.58%
Other Agencies	30.6%	25.3%	22.36%
Hospitals	0.1%	2.0%	9.11%
Public Screenings	14.8%	17.7%	8.49%
Number of Referrals	<u>477</u>	<u>395</u>	<u>483</u>

Improvement Activity 2:

Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing (FFY 2006). Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs annually.

Completed

In order to ensure that the CDCs reach the established targets, this activity has been extended to 2010.

Ongoing

Improvement Activity 3:

In 2007 WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.

Ongoing

Improvement Activity 4:

Work with local inter-agency coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.

Ongoing

Improvement Activity 5:

Continue to evaluate the promotional "One before Two" program and track the number of screenings completed for children from birth to one year of age.

Ongoing

Part C State Annual Performance Report (APR) for FFY 2007Improvement Activity 6:

Provide educational materials in Spanish to ensure information is being outreached to the Spanish Speaking populations throughout the state.

Ongoing

Improvement Activity 7:

WDH will monitor for this indicator through the new Citrix database and during on site reviews to identify any concerns within those regions falling below the WDH target for serving children birth through one.

Ongoing

Complete Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

NA

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision Part C/ Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National Data

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate, broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2007	4.4%

Actual Target Data for FFY 2007: 4.4% (960 divided by 21,906)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (2007-2008):

The total percentage of children birth to three receiving services in FFY 2006 was 4.5% (926 divided by 20,372). In FFY 2007 the number of children birth to three receiving services increased by 34. The state of Wyoming has met this target for the second year in child find and Wyoming's percentage of infants and toddlers with IFSPs continues to be greater than the national baseline (2.53%). The average for states with similar eligibility as Wyoming (Broad) was 2.56%. The state of Wyoming ranks 4th nationally under the eligibility categories that were established by OSEP as of October 2007.

The chart below details the referrals of children birth to three to Part C services for FFYs 2001 to 2007:

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Referral Source Trend Data for Infants and Toddlers Birth to Three							
	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007
Physicians	28.5%	26.2%	25.2%	26.7%	19.15%	17.0%	22.06%
Parents	50.1%	48.5%	51.2%	44.7%	33.73%	34.1%	37.39%
Other Agencies	5.9%	12.4%	8.8%	11.9%	27.97%	26.7%	22.45%
Hospitals	6.2%	5.6%	6.3%	7.1%	6.47%	6.6%	5.34%
Public Screenings	9.3%	6.3%	9.5%	9.6%	12.68%	15.5%	12.76%
Number of Referrals	<u>1012</u>	<u>1270</u>	<u>1412</u>	<u>2215</u>	<u>1995</u>	<u>1630</u>	<u>1011</u>

Improvement Activity 2:

Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing. Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs at the next Annual Conference 2008.

In order to ensure that the State continues to reach the established targets, this activity has been extended to 2010.

Ongoing

Improvement Activity 3:

In 2008 WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.

Ongoing

Improvement Activity 4:

Work with local inter-agency coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.

Ongoing

Improvement Activity 5:

Continue to evaluate the Promotional “One before Two” program and track the number of screenings completed for children from birth to three.

Ongoing

Improvement Activity 6:

Provide educational materials in Spanish to ensure information is reaching the Spanish speaking populations throughout the state.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:

NA

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective and General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline.

USC 1416(a) (3) (B) and 1442)

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45 day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.

A. Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2005-2011	100% of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45 day timeline.

Actual Target Data for 2007: 95.6% (873 divided by 913)

In FFY 2007, the review of the WDH database showed that of the initial IFSPs, 95.6%, (873/913) were conducted within the timeline or had acceptable justifications of extreme family circumstances such as family illness or not being able to contact the family for a scheduled IFSP when evaluations were not conducted within the timeline.

The remaining forty (40), (913-873 = 40) or 4%, of the files reviewed did not contain adequate explanations for the local programs delays in conducting the initial IFSP to substantiate the justification. Zero (0) files contained documentation that delays were due to untimely evaluations.

Response to June 2008 OSEP Response Table: Correction of Noncompliance through State Monitoring and Technical Assistance Activities:

Wyoming was required to provide information about the correction of noncompliance identified in FFY 2006 APR for Indicator 7 in its FFY 2007 APR. Although Indicator 7 data was for children with initial IFSPs developed between July 1, 2006 and June 30, 2007, WDH did not issue its notification of findings of noncompliance until FFY 2007. As a result, correction of findings will be reported in the FFY 2008 APR.

In addition to using its data base to report performance for this indicator, WDH also conducted cyclical onsite monitoring of 4 regions in FFY 2006. Findings were identified and correction of these findings is reported as follows:

Of the 4 CDCs that were monitored through onsite monitoring during FFY 2006, two CDCs were issued a finding of noncompliance related to the 45 day timeline. The following table demonstrates that 1 CDC did

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not correct the finding in a timely manner but was subsequently corrected within 15 months as a result of the following follow-up activity:

- Provision of on site TA for correct practice.
- Revision to policy to ensure regardless of personnel availability evaluations and assessments are received in a timely manner.

Indicator 7: Identification and Correction of Noncompliance Related to 45 Day Timeline						
YEAR NONCOMPLIANCE IDENTIFIED	Total Findings of Noncompliance Related to 45 Day Timeline	Number of Findings for which Correction was Verified within One Year	Percent Findings Corrected and Verified Within One Year (C/B X 100 = D)	Number of Findings for which Correction was Subsequently Verified	Total Findings Corrected As of 1/15/09 (C + E = F)	Percent Findings Corrected As of 1/15/09 (F/B X 100 = G)
2006 – 2007 July 1, 2006 to June 30, 2007	2	1	50%	1 (6/18/08)	2	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

This actual target data is a decrease of 3.4% to 95.6% in FFY 2007 APR from the FFY 2006 APR of 99%; Wyoming is very close to the measurable and rigorous target of 100%. Data was collected from the Wyoming Department of Health (WDH) database. It included documented timeframes on all children with an initial IFSP within this time period and written justification for not meeting the required 45 day timeline. WDH validated the indicator data during CDC monitoring reviews and the review of the data by desk audit using the enhanced general supervision system.

All CDCs that had children whose initial IFSP meeting was not held within the 45 days due to CDC reasons, were required to write a corrective action plan (CAP) for purposes of this noncompliance identified in the FFY 2007 Annual Performance Report. Timely correction of this noncompliance will be ensured through the enhanced general supervision system.

Although this indicator target did not improve, the compliance rate of 95.6% is considered a high compliance rate. The State recognizes that this indicator requires a compliance rate of 100% and will continue to work to improve it's compliance in this area.

Improvement Activity 3:

WDH will continue to track this data regionally.

This data will be collected annually through the self- assessment process as well as completing four to five regional monitoring reviews yearly to validate data already submitted and increase number of files

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reviewed. All CDCs will be monitored every three years or focus driven monitoring. Technical assistance will be made available as needed.

Improvement Activity 4:

WDH will submit an update on the corrective actions in February of 2008 APR.
Completed

Complete Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

NA

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part C)] times 100.

FFY	Measurable and Rigorous Target for sub-indicator A
2005-2011	100% children exiting Part C will have an IFSP with transition steps and services divided by # of children exiting Part C.

Actual Target Data for FFY 2007: Indicator 8A 99.8% (425 divided by 426)

In FFY 2007, four hundred and twenty six (426) children exited Part C and transitioned to Part B or other appropriate services. Of the 426 who transitioned, four hundred and twenty five or 99.8% (425/426 X 100), had an IFSP with transition steps and services.

One child file, or 0.2%, did not contain documentation of an IFSP with transition steps and services.

FFY	Measurable and Rigorous Target for sub-indicator B
(2005-2011)	100% of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B.

Part C State Annual Performance Report (APR) for FFY 2007**Actual Target Data for FFY 2007: Indicator 8B 100% (316 divided by 316)**

In FFY 2007, there were three hundred and sixteen (316) children exiting Part C and potentially eligible for Part B. The LEA received notification for **100%** of those children. All children potentially eligible for Part B were identified to the Regional Directors by Part C staff. All children who are potentially eligible for Part B are designated as potentially “Part B eligible” in the WDH enhanced database. Wyoming maintains a high compliance rate in this area.

FFY	Measurable and Rigorous Target for sub-indicator C
(2005-2011)	100% of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B.

Actual Target Data for FFY 2007: Indicator 8C 95.9% (281 divided by 293)

In FFY 2007, two hundred and ninety three (293) children exiting Part C and potentially eligible for Part B had a transition conference prior to exit. Of 281 who had transitioned within compliance of the timeline, seventeen (17) had acceptable justifications of extreme family circumstances such as illness in the family or the CDC was not able to reach the family. The twelve (12) child files, or 4% (12/293), did not contain justifications that were acceptable for the delay such as staff scheduling or CDC had a misunderstanding of the timeline.

There was one (1) conference not held due to the family not providing approval to conduct the transition conference. This file was not included in the numerator or the denominator.

Response to June 2008 OSEP Response Table: Correction of Noncompliance through state monitoring and technical assistance activities:

Wyoming was required to provide information about the correction of noncompliance identified in FFY 2006 for Indicator 8A and 8C in its FFY 2007 APR. Although Indicator 8A and 8C data was for children exiting Part C Between July 1, 2006 and June 30, 2007, WDH did not issue its notification of findings of noncompliance until FFY 2007 (April). As a result, correction of these findings will be reported in the FFY 2008 APR.

In addition to using its data base to report performance for 8A and 8C, WDH also conducted cyclical onsite monitoring of 4 regions in FFY 2006. Findings were identified and correction of these findings is reported as follows:

Indicator 8A:

Of the 4 CDCs that were monitored through onsite monitoring during FFY 2006, one CDC was issued a finding of noncompliance related to transition steps in the IFSP. The following table demonstrates that this finding was corrected in a timely manner.

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Indicator 8A: Identification and Correction of Noncompliance Related to IFSP Transition Steps						
YEAR NONCOMPLIANCE IDENTIFIED	Total Findings of Noncompliance Related to IFSP Transition Steps	Number of Findings for which Correction was Verified within One Year	Percent Findings Corrected and Verified Within One Year (C/B X 100 = D)	Number of Findings for which Correction was Subsequently Verified	Total Findings Corrected As of 1/15/09 (C + E = F)	Percent Findings Corrected As of 1/15/09 (F/B X 100 = G)
2006 – 2007 July 1, 2006 to June 30, 2007	1	1	100%	NA	NA	NA

Indicator 8C:

Of the 4 CDCs that were monitored through onsite monitoring during FFY 2006, two CDCs were issued a finding of noncompliance related to timely transition conferences. The following table demonstrates that these findings were corrected in a timely manner.

Indicator 8C: Identification and Correction of Noncompliance Related to Timely Transition Conferences						
YEAR NONCOMPLIANCE IDENTIFIED	Total Findings of Noncompliance Related to Timely Transition Conferences	Number of Findings for which Correction was Verified within One Year	Percent Findings Corrected and Verified Within One Year (C/B X 100 = D)	Number of Findings for which Correction was Subsequently Verified	Total Findings Corrected As of 1/15/09 (C + E = F)	Percent Findings Corrected As of 1/15/09 (F/B X 100 = G)
2006 – 2007 July 1, 2006 to June 30, 2007	2	2	100%	NA	NA	NA

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007

In FFY 2006 APR, the WDH reported a compliance rate of 99.4% for Indicator 8A. In FFY 2007, the compliance rate was 99.8%. This is an increase of 0.4%.

In FFY 2006 APR, the WDH reported a compliance rate of 100% for Indicator 8B. In FFY 2007, the compliance rate was maintained at 100% for this indicator.

In FFY 2006 APR, the WDH reported a compliance rate of 90.4% for Indicator 8C. In FFY 2007, the compliance rate in FFY 2007 APR was 96%. This is an increase of 5.6%.

The increase of the percentage rate of compliance for 8A and 8C and the maintaining of 8B compliance rate was due to extensive TA and training on a continuous basis through out the year, FFY 2007.

The WDH recognizes that these sub-indicators are to be of 100% compliance.

Part C State Annual Performance Report (APR) for FFY 2007Improvement Activity 2:

Technical Assistance will be provided to all regional staff on timely transitions. Training will include:

Issues that are identified from the root cause analysis of data reported.

Database guidance to be distributed to the regional child development centers by January 31, 2006. The WDH has already completed a series of videoconferences to begin addressing the data entry errors. Over 250 staff members from child development centers attended the videoconferences.

Transition planning workshops were provided to Part C family service coordinators at the Early Intervention and Education Program annual conference in January 2006 and August 2006. Training clarified the expectations and requirements of transition planning for children exiting Part C.

Completed

In order to ensure compliance with this indicator, continued Technical Assistance will be provided to the CDCs that have fallen below the target of 100% and at the State annual conference.

OngoingImprovement Activity 3:

Ongoing monitoring for this indicator will occur through the WDH database. A quarterly review of the database will occur to identify any potential noncompliance within a CDC so that any concerns can be resolved or corrected within a timely manner.

Beginning in May 2007, WDH will be able to collect real time data for all CDCs through the new Citrix server.

CompletedImprovement Activity 4:

The WDH revised the current Transition Plan in the database to allow for an individualized transition plan that meets the needs of children who are transitioning from Part C to Part B as well as those children who are not eligible for Part B who are exiting Part C. The revisions occurred by May 2007 and guidance was provided to Child Development Center staff.

Ongoing**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

NA

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a) (3) (B) and 144

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target for sub-indicator B
2005-2011	Target is 100% for percent of noncompliance to monitoring priority areas and indicators corrected within one year of identification

Actual Target Data for FFY 2007: 66.6% (20 divided by 30)

A total of 66.6% of findings identified in FFY 2006 were timely corrected as soon as possible but no later than one year. The actual target data percentage of noncompliance that was corrected as a result of subsequent correction within fifteen (15) months of issuing a written notification was 100%.

The State conducted on site monitoring visits for the fourteen (14) Child Development Centers on a three-year cycle. The cyclical process, based on the number of years since the prior monitoring, ensures that monitoring occurs for every CDC every three years. For this Annual Performance Report, on site monitoring occurred for four CDCs during the FFY 2007 monitoring cycle. Follow-up will occur in FFY 2008 to verify that correction had been completed.

In FFY 2007 the State implemented a revised annual self-assessment requirement for all CDCs. Each of the fourteen (14) Child Development Centers reviewed 10% or 10 files (which ever was greater) and submitted the results to the WDH.

There were zero (0) complaints received or requests for mediation or due process hearings during FFY 2007.

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Wyoming Department of Health (WDH) reviewed the general supervision system strategies and developed a more focused system for identifying which CDCs will be reviewed on site during each year. Rather than cyclical monitoring, WDH has implemented a new system that incorporates the data and allows the WDH to identify issues prior to the on site review. Prior to the on site visit; an electronic desk audit occurred during which 100% of that CDC's files were reviewed. Any findings or concerns identified during the desk audit were discussed with the CDC and verified during the on site visit. On site monitoring has occurred for four CDCs during the FFY 2007 monitoring cycle. Follow-up occurred in FFY 2008 to verify that correction had occurred.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	Subsequent correction of noncompliance and date of correction
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	0	1 6/17/08
	Dispute Resolution: Complaints, Hearings	0	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	0	1 6/17/08
	Dispute Resolution: Complaints, Hearings	0	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	Subsequent correction of noncompliance and date of correction
	Dispute Resolution: Complaints, Hearings	0	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	1	1 6/18/08
	Dispute Resolution: Complaints, Hearings	0	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	Subsequent correction of noncompliance and date of correction
transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Dispute Resolution: Complaints, Hearings	0	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	Subsequent correction of noncompliance and date of correction
transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Dispute Resolution: Complaints, Hearings	0	0	0	0
OTHER AREAS OF NONCOMPLIANCE:					
Content of the IFSP	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	3	1 (6/18/08)
	Dispute Resolution: Complaints, Hearings	0	0	0	0
Parent Consent	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	2	1 (6/18/08)
	Dispute Resolution: Complaints, Hearings	0	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	Subsequent correction of noncompliance and date of correction
Prior Written Notice	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	4	1 (6/18/08)
	Dispute Resolution: Complaints, Hearings	0	0	0	0
Family Assessment	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	1	1 (6/18/08)
	Dispute Resolution: Complaints, Hearings	0	0	0	0
Evaluation	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	1	1 (6/18/08)
	Dispute Resolution: Complaints, Hearings	0	0	0	0
Informed Clinical Opinion	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	3	1 (6/18/08)
	Dispute Resolution: Complaints, Hearings	0	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification	Subsequent correction of noncompliance and date of correction
IFSP services (frequency, intensity and duration) not provided as specified	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	0	1 (6/18/08)
	Dispute Resolution: Complaints, Hearings	0	0	0	0
EI Services do not reflect IFSP outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2	0
	Dispute Resolution: Complaints, Hearings	0	0	0	0
Sum the numbers down Column a and Column b			30	20	10

In addition to verification the correction of findings, WDH also ensures the correction of individual instances of noncompliance for each indicator whenever possible.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

For FFY 2007 the WDH Early Intervention and Education Programs for Part C services demonstrated 66.6% (20/30) rate of correction within one year of all identified noncompliance.

The compliance rate of 66.6% for FFY 2007 APR is a slippage of 33.4% from FFY 2006 APR compliance rate of 100%. This slippage was due to one CDC that did not timely correct its noncompliance findings until fifteen months after identification.

All correction of noncompliance was verified by WDH through the evidence of change data provided by the CDCs annual monitoring through the enhanced data system and annual self-assessment, quarterly record reviews conducted by CDCs, quarterly data reviews, and on site monitoring.

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In the instance of the one CDC that did not timely correct its noncompliance findings until fifteen months after identification, the WDH notified the CDC of this infraction and gave the CDC a determination of "Needs Assistance" with the requirement of a focused technical assistance plan $[(20 + 10) / 30 = 100\%]$.

During FFY 2006 the state issued a contract with the National Early Childhood Technical Assistance Center (NECTAC) of the Frank Porter Graham Child Development Center at the University of North Carolina for improving the state's general supervision system with a focus on those regions needing the most assistance. Through this contract, technical assistance (TA) provided by NECTAC, and stakeholder input, WDH piloted a general supervision process during FFY 2007 that builds upon the strengths of WDH previous monitoring and general supervision activities. The newly designed general supervision system has integrated the various general supervision activities to ensure implementation of the Individuals with Disabilities Education Act (IDEA) and determine CDC program performance and compliance. Key features of the new system includes: annual self-assessment by CDCs, annual monitoring of all CDCs through desk audit, data inquiry and verification, on-site monitoring for CDCs in greatest need (and one randomly selected region), review and approval of Corrective Action Plans (CAP), ongoing tracking of CAP progress data including modification of CAPs as needed, joint quarterly review of CDC data to identify TA needs, quarterly record reviews by CDCs to track progress and identify TA needs, provision of statewide and targeted TA based on data, evaluation of the general supervision system including SPP/APR improvement activities, and use of the SPP/APR Planning Calendar in developing the FFY 2007 Annual Performance Report.

Improvement Activity 7:

Child Development Centers piloted the new self-assessment tool beginning in August of 2007. Once the pilot of the self-assessment was completed, the process was evaluated with stakeholder input. All corrective actions identified in FFY 2006 have been verified through the evidence of change data provided by the CDCs, monitoring through the enhanced data system, annual self assessments, quarterly record reviews by CDCs, quarterly data reviews, and on site monitoring.

Completed**Improvement Activity 8:**

The WDH piloted root cause analysis processes and tools during on-site monitoring visits in four (4) CDCs during the time frame of November 2007 through May 2008.

Completed**Improvement Activity 9:**

WDH piloted the use of a revised corrective action plan (CAP) form that included the state developing evidence of change statements for at least 4 CDCs with CAPs during the February 2008 through June 2008 reviews.

Completed**Improvement Activity 10:**

WDH finalized the new monitoring tools and processes piloted in preparation for statewide implementation in 2008. These activities were completed in May 2008.

Completed

Part C State Annual Performance Report (APR) for FFY 2007Improvement Activity 11:

WDH trained the CDC staff on the revised general supervision and monitoring process, forms and expectations, use of data for improvement in April 2008. These activities were completed by May 2008 with guidance from NECTAC.

Completed

Improvement Activity 12:

WDH and the CDCs will implement the revised general supervision and monitoring process and forms statewide. The new general supervision process and forms will be implemented through FFY 2010.

Ongoing

Complete Revisions, with Justifications, to Proposed Targets/Improvement Activities /Timelines /Resources for FFY 2007:

NA

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision Part C/ General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within a sixty (60) day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Measurement: Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100

FFY	Measurable and Rigorous Target
2005-2011	Target is 100% of signed written complaints will be resolved within a sixty (60) day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for FFY 2007: The WDH received zero (0) signed written complaints.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Wyoming received no written complaints for the FFY 2007. It is important to continue educating parents about the complaint process and tracking the responses to these complaints. Additionally, it remains important to have qualified personnel ready to facilitate the complaint process in the CDC and in the State office.

Improvement Activity 1

WDH staff provided guidance to all Child Development Centers regarding procedural safeguards. This activity has been extended through 2011.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

NA

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U.S. DEPARTMENT OF
EDUCATION
OFFICE OF SPECIAL
EDUCATION
AND REHABILITATIVE
SERVICES
OFFICE OF SPECIAL
EDUCATION
PROGRAMS

Table 4, APR Due February 2, 2009

Unofficial copy of Table 4 for use
with CADRE Error Checking
Protocol

REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2007-08 Data

STATE: Wyoming

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaint pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	Calculated Value
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0

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(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0
Specify timeline used (30 day Part C, 30 day Part B, or 45 day Part B):	30 day Part C

NOTE: On official Table 4, this cell is located below Cell (3.2)(a)

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision Part C/ General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = (3.2(a) + 3.2(b) divided by (3.2) times 100

FFY	Measurable and Rigorous Target
2005-2011	Target is 100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

Actual Target Data for FFY 2007: The WDH received zero (0) request for due process hearings.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

Wyoming received zero (0) requests for due process hearings, therefore zero (0) required adjudication. Although no due process hearings occurred during the reporting period, Wyoming Department of Health (WDH) feels it is important to implement strategies to ensure that parents understand their rights and the dispute resolution process.

Improvement Activity 1:

The Parent Information Center continues to hold conferences to train parents on their parental rights included in the Individuals with Disabilities Education Act as well as in the Wyoming Department of Health's parent complaint policies.

Completed

Improvement Activity 2:

Following the completion of the Part C policies, WDH staff provided guidance to all Child Development Centers regarding the updated procedural safeguards. This activity has been revised to extend through 2011.

Ongoing

Part C State Annual Performance Report (APR) for FFY 2007

Improvement Activity 5:

The Annual Performance Report for FFY 2007 was provided to the Wyoming Early Intervention Council during their quarterly meeting held on January 22, 2009.

Completed

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

NA

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision for Part C/ General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures is adopted).

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement: Percent = 3.1(a) divided by (3.1) times 100.

FFY	Measurable and Rigorous Target
2005-1011	100%

Actual Target Data for FFY 2007: Not Applicable

Overview of Issues/Descriptions of System or Process

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

NA

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision for Part C/ General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement: Percent = [2.1(a)(i) + 2.1(b)(i) divided by 2.1] times 100

Actual Target Data for FFY 2007: The WDH received zero (0) requests for mediations.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

State Performance Plan response letter to Wyoming Department of Health, the State's targets and improvement activities are not included, as the number of mediations for FFY 2007 is less than ten (10). If the State reaches a threshold of ten (10) or more mediation requests, the State will set measurable and rigorous targets and improvement activities at that time as OSEP guidance indicates.

Part C State Annual Performance Report (APR) for FFY 2007

Monitoring Priority: Effective General Supervision for Part C/ General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a) (3) (B) and 1442):

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy)

FFY	Measurable and Rigorous Target
2005-2011	Target is 100% of state reported data 618 and State Performance Plan and Annual Performance Report are timely and accurate.

Actual Target Data for FFY 2007: 100%.

Timeliness is **100%** for FFY 2007. All reports, including the Annual Performance Report, State Performance Plan, and all three 618 data tables were submitted on or before the due date.

APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2

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10	1	1	2
11	1	1	2
12	NA	NA	NA
13	1	1	2
		Subtotal	28
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 2, 2009)		5
	Grand Total		33

Accuracy is **100%** for FFY 2007. The State Performance Plan, Annual Performance Report, 618 Data Table 1 and 618 Data Table 2 was accurate. The 618 data table for exit submitted on November 1, 2008 was accurate at the time of submission.

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/08	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/08	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/08	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/08	1	1	1	N/A	3
				Subtotal	14
			Weighted Total (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)		35

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Indicator # 14 Calculation					
			A. APR Total	33	33
			B. 618 Total	35	35
			C. Grand Total	68	68
Percent of timely and accurate data = (C divided by 68 times 100)			(C) / (68) X 100 =		100%

The Wyoming Early Intervention Council (EIC) and the Wyoming Child Development Services (CDS) participated in several meetings and conference calls to ensure the accuracy for the February 2009 submission of the State Annual Performance Report. Both stakeholder groups participated to provide input and recommendations for this submission of the Annual Performance Report. The Annual Performance Report was developed and reviewed for accuracy by the Wyoming Department of Health (WDH) staff.

WDH currently uses multiple data collection mechanisms including the electronic database system, self-assessments and on-site monitoring to validate the accuracy of the child specific data reported in the electronic database. Any unusual findings in the data collected through these sources are identified and investigated to resolve any concerns with data accuracy prior to the submission of the 618 tables and Annual Performance Report. Through the electronic database system, the data can be analyzed as a whole or disaggregated by CDC regions and the sites within a CDC. This enables the WDH to be able to determine strengths and areas of need. The database system enhances the ability for the timely and accurate collection of required information which is reported to the Office of Special Education Programs.

❖ Child Outcome Summary Form

Wyoming is using the Child Outcome Summary Form (COSF) developed by Early Childhood Outcomes Center (ECO) to collect data on child outcomes for Indicator 3. This form has been revised to include Wyoming specific information such as the CDC location, and whether the child is receiving services under Part C or Part B (WDH is an Intermediate Education Unit under Wyoming Department of Education and is responsible for the implementation of Part B Preschool Special Education and Related Services for children three through five years of age). Wyoming has provided training and technical assistance to administrators and providers across the regional CDCs to ensure consistent use of the data collection form. The WDH form also includes the “decision tree” to ensure accuracy and reliability in the data collection for this indicator. Finally, the WDH reviewed the data submitted and checked for accuracy and completeness and investigates any concerns identified regarding the data collected. The WDH has embedded quality assurance mechanisms regarding the COSF into ongoing monitoring processes.

❖ State of Wyoming Part C Family Survey – Early Intervention

WDH used the NCSEAM Survey for Part C as the basis for our family survey used to collect data for Indicator 4. Surveys are clear and family friendly, and have been translated into Spanish to provide all families with the opportunity to provide feedback. Each CDC developed an implementation plan for the Part C Family Survey. Reports based on the data collected have been sent to each Child Development

Part C State Annual Performance Report (APR) for FFY 2007

Center director. CDCs have been asked to review their results, and make revisions to their implementation plans if necessary to increase the percentage of completed surveys.

❖ The Wyoming Part C Self Assessment

This form was redesigned and implemented in 2007 to be more clear and straightforward. Data collected is crosschecked with the electronic database to ensure accuracy. Any unusual findings are investigated and corrected prior to data submission to OSEP. A guidance document and sample was sent to each CDC in July 2007. All CDCs submitted their self-assessment results to the State in October 2008.

❖ Part C File Review Checklist

This form was developed with assistance from NECTAC to align with the Indicators in the State Performance Plan and collect information to verify compliance with Part C Federal Regulations. This form is used during on-site monitoring visits to verify compliance and areas where improvement is needed within an individual program. Data gathered during on-site visits is crosschecked with the electronic database to ensure accuracy.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

In FFY 2006 APR, WDH reported a compliance rate of 100%. In FFY 2007, WDH compliance rate of a 100% in Indicator 14 remains the same.

Improvement Activity 1:

The web-based IFSP and data system was developed and used to collect the data required for the December 1, 2007 count. All Child Development Centers are utilizing the web-based IFSP and data system as of May 2007.

Completed

Improvement Activity 2:

Training was provided at the State's Annual Conference held in August 2006 to facilitate the change from the previous State data system to the web-based system. Training will continue as needed through 2011.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:

NA

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Appendix A

State of Wyoming

Part C Family Survey – Early Intervention

Name of Developmental Preschool and Site: _____

Region #: _____

Date: _____

If your child is 36 months or younger complete this survey.

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. *You may skip any item that you feel does not apply to you or your child.*

Over the past year, Early Intervention services have helped me and/or my family:		Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1.	Participate in typical activities for children and families in my community	1	2	3	4	5	6
2.	Know about services in the community	1	2	3	4	5	6
3.	Improve my family's quality of life.....	1	2	3	4	5	6
4.	Know where to go for support to meet my child's needs....	1	2	3	4	5	6
5.	Know where to go for support to meet my family's needs	1	2	3	4	5	6
6.	Get the services that my child and family need.....	1	2	3	4	5	6
7.	Feel more confident in my skills as a parent	1	2	3	4	5	6
8.	Keep up friendships for my child and family	1	2	3	4	5	6
9.	Make changes in family routines that will benefit my child with special needs	1	2	3	4	5	6
10.	Be more effective in managing my child's behavior	1	2	3	4	5	6
11.	Do activities that are good for my child even in times of stress	1	2	3	4	5	6
12.	Feel that I can get the services and supports that my child and family need	1	2	3	4	5	6
13.	Understand how the Early Intervention system works	1	2	3	4	5	6
14.	Be able to evaluate how much progress my child is making	1	2	3	4	5	6
15.	Feel that my child will be accepted and welcomed in the community	1	2	3	4	5	6
16.	Feel that my family will be accepted and welcomed in the community	1	2	3	4	5	6
17.	Communicate more effectively with the people who work with my child and family	1	2	3	4	5	6
18.	Understand the roles of the people who work with my child and family	1	2	3	4	5	6
19.	Know about my child's and family's rights concerning Early Intervention services	1	2	3	4	5	6
20.	Do things with and for my child that are good for my child's development	1	2	3	4	5	6
21.	Understand my child's special needs	1	2	3	4	5	6
22.	Feel that my efforts are helping my child.....	1	2	3	4	5	6

23. My child's age: ____ Years ____ Months

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24. My child's age when first referred to early intervention or special education: ____ Years ____ Months

25. My child's race/ethnicity (select one)

- | | | |
|----------------------|-------------------------------------|-----------------------------|
| 1 White | 3 American Indian or Alaskan Native | 5 Asian or Pacific Islander |
| 2 Hispanic or Latino | 4 Black | 6 Multi-Racial |

26. My Child's Primary Disability (select one)

- | | | |
|------------------------|-----------------------------|--|
| 1 Autism | 6 Mental Retardation | 11 Speech/Language Impairment |
| 2 Deaf-blindness | 7 Multiple Disabilities | 12 Traumatic Brain Injury |
| 3 Deafness | 8 Orthopedic Impairment | 13 Visual Impairment (Including Blindness) |
| 4 Emotional Disability | 9 Other Health Impairment | 14 Unsure/don't know |
| 5 Hard of Hearing | 10 Developmental Disability | |

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Estado de Wyoming

Encuesta Familiar Parte C – Intervención Temprana

Nombre y dirección del Centro de Desarrollo: _____

Región #: _____ Fecha: _____

Complete esta encuesta si su niño(a) tiene menos de tres años.

Esta encuesta es para familias que reciben servicios de Intervención Temprana. Sus respuestas serán usadas como guía para mejorar los servicios y resultados para los niños y sus familias. *Usted puede dejar sin contestar cualquier pregunta que sienta que no se aplica a su niño(a).*

Durante el último año, el Servicio de Intervención Temprana me ha ayudado a mí y/o mi familia a:		Totalmente en Desacuerdo	Muy en Desacuerdo	Desacuerdo	De Acuerdo	Muy de Acuerdo	Totalmente de Acuerdo
23.	Participar en actividades típicas para niños y familias en mi comunidad	1	2	3	4	5	6
24.	Conocer servicios disponibles en la comunidad.....	1	2	3	4	5	6
25.	Mejorar la calidad de vida de mi familia.....	1	2	3	4	5	6
26.	Saber dónde obtener apoyo para atender las necesidades de mi niño(a)	1	2	3	4	5	6
27.	Saber dónde obtener apoyo para atender las necesidades de mi familia.....	1	2	3	4	5	6
28.	Obtener los servicios que mi niño(a) y mi familia necesitan	1	2	3	4	5	6
29.	Sentirme más seguro(a) de mis habilidades como padre/madre	1	2	3	4	5	6
30.	Mantener amistades de mi niño(a) y de mi familia	1	2	3	4	5	6
31.	Hacer cambios en la rutina familiar que favorezcan las necesidades especiales de mi niño(a)	1	2	3	4	5	6
32.	Ser más efectivo(a) manejando el comportamiento de mi niño(a)	1	2	3	4	5	6
33.	Hacer actividades beneficiosas para mi niño(a), aún en tiempos de estrés	1	2	3	4	5	6
34.	Sentir que puedo obtener los servicios y el apoyo que mi niño(a) y familia necesitan	1	2	3	4	5	6
35.	Entender cómo funciona el sistema de Intervención Temprana.....	1	2	3	4	5	6
36.	Ser capaz de evaluar cuánto mi niño está progresando	1	2	3	4	5	6
37.	Sentir que mi niño(a) será aceptado y bienvenido en la comunidad	1	2	3	4	5	6
38.	Sentir que mi familia será aceptada y bienvenida en la comunidad	1	2	3	4	5	6
39.	Comunicar más efectivamente con las personas que trabajan con mi niño(a) y mi familia.....	1	2	3	4	5	6
40.	Entender los roles de las personas que trabajan con mi niño(a) y mi familia	1	2	3	4	5	6
41.	Conocer los derechos de mi niño(a) y mi familia con respecto a los servicios de Intervención Temprana	1	2	3	4	5	6
42.	Hacer cosas con y por mi niño(a) que son buenas para su desarrollo	1	2	3	4	5	6
43.	Entender las necesidades especiales de mi niño(a)	1	2	3	4	5	6
44.	Sentir que mis esfuerzos están ayudando a mi niño(a)	1	2	3	4	5	6

23. La edad de mi niño(a) es: ____ Años ____ Meses

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24. La edad de mi niño(a) cuando fue referido por primera vez a intervención temprana o educación especial era: ____ Años ____ Meses

25. La raza u origen étnico de mí niño(a) es (seleccione una)

- | | | |
|----------------------|---|--|
| 1 Blanco o caucásico | 3 Indio Norteamericano o Nativo de Alaska | 5 Asiático o de las Islas del Pacífico |
| 2 Hispano o Latino | 4 Afro americano | 6 Múltiples razas |

26. La principal discapacidad de mi niño es (seleccione una)

- | | | |
|--------------------------|-------------------------------|---|
| 1 Autismo | 6 Retardo Mental | 11 Alteración del Habla y del Lenguaje |
| 2 Sordo ceguera | 7 Discapacidades Múltiples | 12 Lesión Cerebral Traumática |
| 3 Sordera | 8 Discapacidad Ortopédica | 13 Deficiencias Visuales (Incluyendo Ceguera) |
| 4 Desorden Emocional | 9 Otro Problema de Salud | 14 No estoy seguro(a)/ No sé |
| 5 Deficiencias Auditivas | 10 Discapacidad de Desarrollo | |

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Appendix B

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a) (3) (A) and 1442)

Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning = $\left[\frac{\text{\# of infants and toddlers who did not improve functioning}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning but not sufficient to move nearer to function comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.

If $a + b + c + d + e$ does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

- a. Percent of infants and toddlers who did not improve functioning = $\left[\frac{\text{\# of infants and toddlers who did not improve functioning}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning but not sufficient to move nearer to function comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.

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same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to function comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

After multiple meetings and conference calls with stakeholders, decisions were made around the methodology and implementation process that would be used in order to capture how children demonstrate improved social/emotional skills, acquisition and use of knowledge of skills, and use of appropriate behaviors to meet their needs. The stakeholder groups agreed that the implementation of this indicator should coordinate with the Part B 619 SPP plan for Indicator 7 since they are similar and because both programs are served through the Child Development Centers (CDCs). Stakeholders believed that a coordinated process would create less confusion for staff, families, and the public when information is reported. Clarity will continue to be provided to the public, though, about the differences between Part B and Part C and the protocol will reflect those differences. Stakeholders also agreed that the WDH should provide the regions a list of state-approved tools, instead of expecting regions to implement one tool in order to collect this data. They believed that it would be important to evaluate the best instruments and methodology that can be used to capture how children demonstrate improved social and emotional skills, acquisition and use of knowledge of skills, and use of appropriate behaviors to meet their needs, and for the state to provide ongoing training and technical assistance to regions in future years.

WDH completed a phone survey in October 2005 with each CDC Director to determine screenings, assessments, and curriculums that are currently being used. WDH reviewed the results of the survey in order to determine which tools the state would approve for the collection of the above indicators.

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WDH list of state approved tools that can be used to track how children demonstrate improved social/emotional skills, acquisition and use of knowledge of skills (including early language and communication), and use of appropriate behaviors to meet their needs.

Assessment Tools to capture the three areas of development:

- Battelle Developmental Inventory
- Early Learning Accomplishment Profile
- Hawaii Early Learning Profile
- Bayley Scales of Infant Development (BSID-II)
- Brigance
- AEPS

WDH requested that the IFSP team implement one or more of the above tools at the time of the child's entry into the program and shortly before the child exits the program (three months prior or less). IFSP team also reviewed other sources of information, including the Multidisciplinary Team Evaluation, the IFSP objectives and outcomes, child observations and parent input in order to complete the Early Childhood Outcomes (ECO) Center Child Outcomes Summary Form (COSF) on each child. This form is intended to summarize multiple sources of information as a method to report progress in the three developmental areas. A rating of 6 or 7 on the COSF means the child is functioning at a level comparable to same age peers.

CDC staff members were given training on the COSF in January 2006, in August 2006, and again in August 2007. They also received copies of an FAQ document that included instructions on how to complete the COSF and typical questions they might have about completing the form and collecting the data. The FAQ followed the best practices advocated by the ECO Center. In addition, NECTAC met with the WDH staff members in March 2006 to provide in-depth training on summarizing and reporting out on the COSFs. Lastly, the WDH staff members provided individual consultations to the CDCs via email and phone.

The COSF was completed for each child entering in to the program starting January 15, 2006 through June 30, 2006. CDC regions submit the completed COSFs to WDH on a quarterly basis. For the initial data collection period, COSFs were collected from only two quarters. In 2006-07, COSF results were collected for four quarters of data collection (July through June).

In 2007-08, an online COSF was implemented. This has allowed for the COSF to be completed in real-time and for efficient data collection and analysis processes. Both entry and exit data are collected using the online form. WDH contracted with Data Driven Enterprises (DDE) for assistance with the data collection, data analysis, and report-writing for this indicator.

Measurement Processes

Starting with the February 2008 APR, WDH had to be able to provide data in the official five reporting categories. WDH uses the COSF to do this. For any child with entry data and who has been in the program for at least six months, the CDCs are required to collect exit data on this child and report it on the COSF. Exit data was collected for FFY 2006 and FFY 2007. The same procedures used to complete the COSF at entry (e.g., using multiple data sources, using a state-approved assessment, gathering input from the IFSP team, assigning a rating on the COSF) are used at exit. This allows WDH to compare exit to entry scores on each of the three developmental areas.

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As with FFY2005, in FFY 2006 and FFY 2007, to ensure that the data reported on the COSF are reliable and valid, the EIEP examined the supporting documentation on the COSF and how it corresponded with the outcomes rating given the child. Documents showing the description of a child's skills on each outcomes area and the child's corresponding rating for the each outcomes area were produced. These documents were organized by child age. Thus, EIEP staff members could review the "typical" skills reported, for example, for a child who received a score of 4 on Social-Emotional at age 1.5 years. This information will be shared with the regions so that the reliability of the scoring process across regions is increased.

In FFY2006, the decision tree was incorporated on to the COSF. An analysis was conducted to determine if CDC personnel were accurately assigning overall ratings given the decision tree ratings. This analysis showed an accuracy rating of about 67%. While this accuracy rating might seem low, in the August 2007 training session, it was determined that some CDCs did not understand the relationship of the decision tree to the overall rating; this was clarified during training. Furthermore, some CDC staff members left the decision tree questions blank; once again, this was clarified during training. The important thing is that the EIEP continues to provide training on the COSF, continues to improve upon the COSF, and continues to analyze reliability and validity statistics to make sure the process in Wyoming is a valid one.

Additional changes for 2007-08, based on the analysis of FFY2006 ratings include an online version of the COSF. Both of these changes will allow for more efficient tracking of children's entry and exit ratings. Furthermore, the online version of the COSF directly ties the decision tree to the overall ratings; this has ensured that the overall assignment of ratings exactly matches the supporting documentation.

Progress Data for FFY 2007:

The WDH again collected status data at entry and exit during FFY 2007. Display 3-5 shows the percentage of children scoring at age level at entry to the developmental preschool. As can be seen, this has remained fairly stable over time.

**Display 3-5: Percentage of Part C Children Scoring at Age Level
at Entry to the Developmental Preschool**

Outcomes Area	2005-06	2006-07	2007-08
<i>Number of Children</i>	222	441	607
Positive Socio-Emotional Skills	31%	31%	34%
Acquiring and Using Knowledge and Skills	26%	25%	30%
Taking Appropriate Action to Meet Needs	30%	30%	29%

COSFs on children exiting in FY 2007 were analyzed. The following display indicates that children who are exiting Part C and transitioning to Part B are less likely to have age-appropriate skills than children who are exiting Part C and not transitioning to Part B. This is what would be expected and lends credence to the validity of the COSFs.

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**Display 3-6: Percentage of Part C Children Scoring at Age Level
at Exit from the Developmental Preschool in FY08
Results by Children Transitioning into Part B and
by Children Exiting Part C and not Transitioning into Part B**

Outcomes Area	Transitioning to Part B	Not Transitioning to Part B
<i>Number of children</i>	180	111
Positive Socio-Emotional Skills	21%	82%
Acquiring and Using Knowledge and Skills	30%	82%
Taking Appropriate Action to Meet Needs	37%	84%

The matched group analysis is based only on those students who had a score at entry in either 2005-06 or in 2006-07 and had an exit score in 2007-08. These results are presented in Display 3-6. The results show that for children exiting Part C and transitioning to Part B, between 21-37% are exiting Part C with age-appropriate skills and that for children exiting Part C and not transitioning to Part B, 82-84% have age-appropriate skills. This clearly demonstrates the positive effects the Part C program had upon child outcomes. (Note: results from 2006-07 are not included due to small numbers in 2006-07 and due to not distinguishing between transitioning Part C children and exiting Part C children.)

Display 3-7 indicates the percentage of children who improved their functioning between entry and exit. These data indicate that 93 - 100% of children exiting Part C improved or maintained functioning in the three areas and that 78-83% of children transitioning from Part C to Part B improved or maintained functioning in the three areas.

**Display 3-7: Percentage of Exiting Part C Children Included in Each of the Five OSEP Improvement Categories
Results by Children Transitioning into Part B and
by Children Exiting Part C and not Transitioning into Part B**

OSEP Improvement Category	Social-Emotional Transitioni ng Exit		Knowledge and Skills Transitioni ng Exit		Taking Appropriate Action Transitioni ng Exit	
<i>Number of Children</i>	63	80	63	80	60	77
e - Children who maintained functioning at a level comparable to same-aged peers	5%	39%	10%	30%	18%	36%
d - Children who improved functioning to reach a level comparable to same-aged peers	16%	38%	18%	48%	17%	44%
c - Children who improved functioning to a level nearer to same-aged peers but did not	29%	5%	31%	5%	22%	6%

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reach it					
b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	33%	19%	23%	15%	22% 13%
a - Children who did not improve functioning	17%	0%	19%	3%	22% 0%

Concrete explanation of improvement categories:

e = Child scored a 6 or 7 both times

d = Child scored below a 6 at Time 1 and a 6 or 7 at Time 2

c = Child scored higher at Time 2 than at Time 1, but Time 2 score is not a 6 or 7

b = Child scored the same at Time 2 and Time 1 (but not a 6 or 7); OR child scored lower at Time 2 than at Time 1 but the child made progress

a = Child scored lower at Time 2 than at Time 1 and the child made no progress; OR child scored a 1 at both times

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines						Resources
	FFY Year(s) when activities will occur						
	2005	2006	2007	2008	2009	2010	
1. Completion of a State Strategic Plan to operationalize the goals, objectives, training and technical assistance that will be required to implement the above indicator. Completed	X	X					<ul style="list-style-type: none">National Early Childhood Technical Assistance Center.
2. Provide Training and Technical Assistance to CDC staff regarding the expectations for measuring progress in these three developmental areas, when to administer the above tools and how the complete the ECO Center Child Outcomes Summary Form. Completed	X	X					<ul style="list-style-type: none">Written materials disseminated to CDC Directors by December 15th, 2005.Training at the Annual Conference, January 9th, 10th, and 11th, 2006.August Pre-Service Conference, 2006: to receive input from the CDC staff on the process and provide additional technical assistance.Directors Meeting in April 2006 to evaluate how the process is working.

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Improvement Activities	Timelines						Resources
	FFY Year(s) when activities will occur						
	2005	2006	2007	2008	2009	2010	
3. Evaluate the success of each region in the implementation of the state approved tools and ECO Child Outcomes Summary Form	X	X	X	X	X	X	<ul style="list-style-type: none">Directors Meeting April, 2006 and ongoing.NECTAC
4. Provide training in curriculum based assessments and the utilization of curriculums in Part C programs to encourage best practices in the CDCs.			X	X			<ul style="list-style-type: none">WDH will contract with trainers to provide training in curriculums used with the birth to three-year-old population.NECTAC
5. Collect entry data on all children that entered the program between January 15, 2006 and June 30th, 2006. Report on 2007 APR the status at entry for children that entered the program: (a) percent of children that entered at a level of same-aged peers and (b) percent of children that entered at a level below same aged peers.	X		X				<ul style="list-style-type: none">WDHData Driven Enterprises (contractor)WDH Website.Wyoming Early Intervention Council.Parent Information Center Newsletter to disseminate information.
Completed							

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Improvement Activities	Timelines						Resources
	FFY Year(s) when activities will occur						
	2005	2006	2007	2008	2009	2010	
6. Collect entry data on children entering 2006-2007 and exit data on Children exiting 2006-2007. Report on 2008 APR the progress made for children that entered 2005-2006 and exited 2006-2007 that were in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a), and (c) percent of children who do not improve functioning. Set targets for 2009 and 2010. Report data to the local CDC and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public by EIS.		X		X			<ul style="list-style-type: none">• . WDH• Data Driven Enterprises (contractor)• Information will be posted on the Department of Health Website.• Presentation to the State Early Intervention Council.• Information will be disseminated statewide through the Parent Information Center Newsletter.

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Improvement Activities	Timelines						Resources
	FFY Year(s) when activities will occur						
	2005	2006	2007	2008	2009	2010	
7. Collect entry data on children entering 2007-2008 and exit data on children exiting 2007-2008. Report on 2009 APR the progress made for children that exited 2007-2008 that have both entry and exit data collected and have been in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a) and (c) percent of children who do not improve functioning. Compare data to previously set targets, describe progress or slippage, and make any needed adjustments to targets. Report data to the local regions and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public by EIS.			X		X		<ul style="list-style-type: none">• WDH• Data Driven Enterprises (contractor)• Information will be posted on the Department of Health Website.• Presentation to the State Early Intervention Council.• Information will be disseminated statewide through the Parent Information Center Newsletter.

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Improvement Activities	Timelines						Resources
	FFY Year(s) when activities will occur						
	2005	2006	2007	2008	2009	2010	
8. Collect entry data on children entering 2008-2009 and exit data on children exiting 2008-2009. Report on 2010 APR the progress made for children that exited 2008-2009 that have both entry and exit data collected and have been in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a) and (c) percent of children who do not improve functioning. Compare data to previously set targets, describe progress or slippage, and make any needed adjustments to targets. Report data to the local CDCs and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public by EIS.				X		X	<ul style="list-style-type: none">• WDH• Data Driven Enterprises (contractor)• Information will be posted on the Department of Health Website.• Presentation to State Early Intervention Council.• Information will be disseminated statewide through the Parent Information Center Newsletter.

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**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 2, 2009.

On behalf of the ICC of the State/jurisdiction of Wyoming, I hereby certify that the ICC is: [please check one]

1. ☐ Submitting its own annual report (which is attached); or
2. ☒ Using the State's Part C APR for FFY 2007 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Susan Wiley 12-16-08
Signature of ICC Chairperson Date

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Daytime telephone number

¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 2, 2009.